

Follow up medical/social questionnaire at T3 (18-24 months)

Questions related to PICU stay:

- How is [CHILD'S NAME] doing?
- Does your child have any ongoing physical or mental effects that you believe are from their PICU admission?
YES / NO
If yes, please expand.

- On a range of 1 to 7 with 1 being *least likely* and 7 being *most likely*, how likely did you feel that your child was going to have permanent injury as a result of [his/her] PICU admission?
1 2 3 4 5 6 7
- On a range of 1 to 7 with 1 being *least likely* and 7 being *most likely*, how likely do you feel that your child is more susceptible to death since their PICU stay?
1 2 3 4 5 6 7

Medical questions:

- Questions that couldn't be answered from patient medical record

[VARIES BY PATIENT DETERMINED PRIOR TO
INTERVIEW]

- What is your child's current height and weight? Height _____ IN / CM Weight _____ LBS / KG
- Since discharge on [MONTH AND YEAR of INDEX PICU ADMISSION] has your child been to the hospital?
 - If yes, where? (Check all that apply)
 - Emergency room visit only
 - General inpatient hospital stays >>> number of days? _____
 - PICU stay >>> number of days? _____
 - If yes, why was your child admitted? [if unclear may need to ask direct questions]

- Since our last interview [MONTH AND YEAR OF INTERVIEW] has your child developed any new medical problems?

YES / NO If yes, please explain:

- Do you have any medical problems?

YES / NO

- If yes, please explain:

- Have you ever been diagnosed with a psychiatric disorder/problem?

YES / NO

- If yes, please explain your diagnosis and when it occurred [ASK FOR MONTH/YEAR] and treatment ongoing:

- Since last interviewed [MONTH AND YEAR OF INTERVIEW] have you seen a psychologist, therapist, etc?

YES / NO

- If yes, why did you choose to receive psychological help? Please choose from the following:

- Referred by primary care doctor or specialist doctor
- Personal decision
- Referred by this study

- Are you currently seeing a psychiatrist, psychologist, therapist, etc now? YES / NO

Social Questions:

- Do you still live with child?

- Always
- Sometimes
- Never

- Including yourself how many members are there in your household *currently*?

How many children < 18 _____ How many adults ≥ 18 _____

- Are there any marital or relationship changes since you were last interviewed on [MONTH AND YEAR OF INTERVIEW]? YES / NO

- If yes, please choose from the following:
 - Strained
 - Marital therapy
 - Separated
 - Divorced
 - Remarried
- Which describes your current main daily activity (select all that apply):
 - Part time student
 - Full time student
 - Full time at home
 - Working part time
 - Working full time
 - Unemployed
 - Retired
 - Other: _____
- “I’m going to give you some annual household income numbers. I know this may be sensitive, but we feel strongly that accurate data here will be important. The information you provide is highly confidential. Please indicate when I say a range that your household income currently falls *within* (Choose the row based on the number of total persons from question above and ask “Does your family earn between \$XX, XXX and \$XX, XXX amount?”): Choose the number in household and then circle the levels that income falls between, use under 1FPL and over 10 FPL as first and last range. If greater than 10 FPL just indicate that with an arrow.

Number of persons in family/household				
	FPL	2 FPL	5 FPL	10 FPL
1	11,880	\$23,760	\$59,400	\$118,800
2	16,020	\$32,040	\$80,100	\$160,200
3	20,160	\$40,320	\$100,800	\$201,600
4	24,300	\$48,600	\$121,500	\$243,000
5	28,440	\$56,880	\$142,200	\$284,400
6	32,580	\$65,160	\$162,900	\$325,800
7	36,730	\$73,460	\$183,650	\$367,300
8	40,890	\$81,780	\$204,450	\$408,900
Each Additional person	4,160	\$8,320	\$20,800	\$41,600